


UNITED STATES BANKRUPTCY COURT DISTRICT OF SOUTH CAROLINA		PROOF OF CLAIM	
Name of Debtor: THE CLIFFS COMMUNITIES		Case Number: 12-01220	
<small>NOTE: See reverse and attached for List of Debtors/Case Numbers/Important details. Other than claims under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for Administrative Expenses arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503(a).</small>			
Name of Creditor (the person or other entity to whom the debtor owes money or property) : EMEDIA GROUP, INC.			
Name and address where notices should be sent:  29347868010433 Emedia Group, Inc. Po Box 1808 Greenville, SC 29602		RECEIVED APR 25 2012 BMC GROUP.	
Creditor Telephone Number 864 232 4604 email: jhooge@emediagrp.com		<p style="text-align: center;">If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.</p> <p style="text-align: center;">THIS SPACE IS FOR COURT USE ONLY</p> <p><input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number (if known): _____ Filed on: _____</p>	
Name and address where payment should be sent (if different from above):			
Payment Telephone Number () email:		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 7,580.00			
<p>If all or part of your claim is secured, complete item 4.</p> <p>If all or part of your claim is entitled to priority, complete item 5.</p> <p><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.</p>			
2. BASIS FOR CLAIM: PERFECTED DEFAULT JUDGMENT 2012-CP-23-0956			
3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 2849		3a. Debtor may have scheduled account as: (See instruction #3a)	3b. Uniform Claim Identifier (optional): (See instruction #3b)
4. SECURED CLAIM: (See instruction #4)			
<p>Check the appropriate box if your claim is secured by a lien on property or a right of set off, attach required redacted documents, and provide the requested information.</p> <p>Nature of property or right of setoff: Describe: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other ASSETS</p> <p>Value of Property: \$ _____</p> <p>Annual Interest Rate: 7.25 % <input type="checkbox"/> Fixed or <input checked="" type="checkbox"/> Variable (when case was filed)</p>		<p>Amount of arrearage and other charges, as of time case filed, included in secured claim, if any: \$ _____</p> <p>Basis for Perfection: RECORDED DEFAULT JUDGMENT CASE# 2012-CP-23-0956</p> <p>Amount of Secured Claim: \$ 7,580.00</p> <p>Amount Unsecured: \$ _____</p>	
5. Amount of Claim Entitled to Administrative Expense status under 11 U.S.C. § 503(b)(9) or Priority under 11 U.S.C. § 507(a). If any part of the claim falls into one of the following categories, check the box specifying the administrative expense or priority and state the amount.			
Amount entitled to priority: \$ _____		Amount entitled to administrative expense under 11 U.S.C. § 503(b)(9): \$ _____	
<p>You MUST specify the priority of the claim:</p> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</p> <p><input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).</p> <p><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).</p> <p><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____).</p> <p><input type="checkbox"/> Value of goods received by the debtor within 20 days before the date of the bankruptcy filing - 11 U.S.C. § 503(b)(9).</p>			
<p>* Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</p>			
6. CREDITS: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			



7. DOCUMENTS: Attached are redacted copies of documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and definition of "redacted"). DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.
If the documents are not available, please explain:

DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES OR EMAIL NOT ACCEPTED) so that it is actually received on or before 4:00 pm prevailing Eastern Time on May 31, 2012 for Non-Governmental Claimants OR on or before 4:00 pm prevailing Eastern Time on August 27, 2012 for Governmental Claimants.

BY MAIL TO: BMC Group, Inc Attn: Cliffs Claims Processing PO Box 3020 Chanhassen, MN 55317-3020	BY MESSENGER OR OVERNIGHT DELIVERY TO: BMC Group, Inc Attn: Cliffs Claims Processing 18675 Lake Drive East Chanhassen, MN 55317
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8. SIGNATURE: (See instruction #8)

Check the appropriate box.

I am the creditor. I am the creditor's authorized agent. (Attach copy of power of attorney, if any.) I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Joel A. Hogg
 Title: PRESIDENT
 Company: EMERALD GROUP
 Address and telephone number (if different from notice address above):
PO Box 1808
GREENVILLE, SC 29602
864-232-4604 j.hogg@emeraldgrp.com
 Telephone number: _____ email: _____

Joel A. Hogg 04/20/2012
 (Signature) (Date)

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

LIST OF DEBTORS:

Case Name	Case Nbr
The Cliffs Club & Hospitality Group, Inc.	12-01220
CCHG Holdings, Inc.	12-01223
The Cliffs at Mountain Park Golf & Country Club, LLC	12-01225
The Cliffs at Keowee Vineyards Golf & Country Club, LLC	12-01226
The Cliffs at Walnut Cove Golf & Country Club, LLC	12-01227
The Cliffs at Keowee Falls Golf & Country Club, LLC	12-01229
The Cliffs at Keowee Springs Golf & Country Club, LLC	12-01230
The Cliffs at High Carolina Golf & Country Club, LLC	12-01231
The Cliffs at Glassy Golf & Country Club, LLC	12-01234
The Cliffs Valley Golf & Country Club, LLC	12-01236
Cliffs Club & Hospitality Service Company, LLC	12-01237

STATE OF SOUTH CAROLINA)
)
COUNTY OF GREENVILLE)
)
)
)
)
)

2011CV2311100775
CIVIL CASE NUMBER

IN THE MAGISTRATE'S COURT
DEFAULT JUDGMENT

Emedia Group, Inc.
615 Worley Road
Greenville, SC 29609
(864) 232-4604

2012-CP-23-0957

PLAINTIFF(S)

Vs

The Cliffs Communities, Inc.
3598 Highway 11
Travelers Rest, SC 29690

DEFENDANT(S)

The Defendant in this action was served on **November 17, 2011**. Defendant has failed to respond to the pleadings within the prescribed time and is therefore in default. A Default Judgment for the Plaintiff(s), **Emedia Group, Inc.**, was rendered in the amount of **\$7,500.00** on **February 6, 2012**.

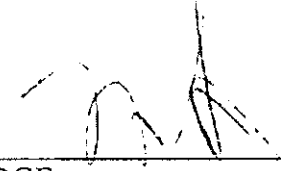
IT IS THEREFORE ORDERED that the Plaintiff recover from the Defendant(s):

The Cliffs Communities, Inc.

the total amount of **\$7,580.00** which includes other relief, if any, as stated below.

Court Costs / Filing Fees

\$80.00



JUDGE

Greenville County Highlands Summary Court
6 Bailey Mill Rd, P O Box 97 (Tigerville 29688)
Travelers Rest, SC 29690
PHONE: (864) 895-0478 FAX: (864) 895-6204

February 6, 2012

Greenville County Common Pleas
Clerk : Paul B. Wickensimer Greenville County C
305 East North Street
Greenville, SC 29601-2120
(864) 467-8551

Received From: Emedia Group Inc

Date : 2/8/2012
 RECEIPT # 251418
 Clerk: SJUDY1

Paying for: Emedia Group Inc,

Transaction Type: Payment

Payment Type: Cash \$10.00

Total Paid \$10.00

Reference #

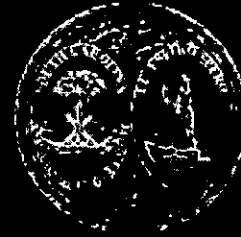
Comment:

<u>Case #</u>	<u>Caption</u>	<u>Previous Balance</u>	<u>Amount Paid</u>	<u>Balance Due</u>
2012CP2300957	Emedia Group Inc vs. Cliffs Communities Inc	\$10.00	\$10.00	\$0.00
JUDMNT	Judgment \$10	10.00	10.00	\$0.00

Total Cases: 1	\$10.00	\$10.00	\$0.00
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South Carolina
Secretary of State
Mark Hammond



CLIFFS COMMUNITIES REAL ESTATE, INC.

*Note: This online database was last updated on 4/19/2012 6:01:34 PM.
See our Disclaimer.*

DOMESTIC / FOREIGN: Domestic
STATUS: Good Standing
STATE OF INCORPORATION SOUTH CAROLINA
/ ORGANIZATION: Profit

REGISTERED AGENT INFORMATION

REGISTERED AGENT NAME: LUCAS ANTHONY
ADDRESS: 3598 HWY 11
CITY: TRAVELERS REST
STATE: SC
ZIP: 29690
SECOND ADDRESS:

FILE DATE: 02/16/2005
EFFECTIVE DATE: 02/16/2005
DISSOLVED DATE: //

Corporation History Records

CODE	FILE DATE	COMMENT	Document
Reinstatement	01/13/2009	REINSTATMENT	
Forfeiture	09/10/2008	SCBOS Filing: ADMINISTRATIVE DISSOLUTION #2	
Agent	05/17/2006	CH AGT & ADD FR KEN COSTANZO	
Incorporation	02/16/2005		

Disclaimer: The South Carolina Secretary of State's Business Filings database is provided as a convenience to our customers to research information on business entities filed with our office. Updates are uploaded every 48 hours. Users are advised that the Secretary of State, the State of South Carolina or any agency, officer or employee of the State of South Carolina does not guarantee the accuracy, reliability or timeliness of such information, as it is the responsibility of the business entity to inform the Secretary of State of any updated information. While every effort is made to insure the reliability of this information, portions may be incorrect or not current. Any person or entity who relies on information obtained from this database does so at his own risk.



Emedia Group Coastal Division

PO BOX 1808
Greenville, SC 29602
USA

emediagroup

Voice: 864-232-4604

Fax: 864-242-0493

INVOICE

Invoice Number: 111342

Invoice Date: Feb 24, 2011

Page: 1

Bill To:

The Cliffs Communities
PO Box 1549
Travelers Rest, SC 29690

Ship to:

Mail Solutions

Customer ID	Customer PO	Payment Terms	
2009	34516	Net 15 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
CGA	Our Truck	2/23/11	3/11/11

Quantity	Item	Description	Unit Price	Amount
40,000.00		Cliffs Discovery Cards	0.11	4,393.40
27,000.00		Cliffs 18 Envelopes	0.12	3,140.59
		Mail Service Charges		2,254.72
		Credit - Mail Service Charges		-2,254.72

Subtotal	7,533.99
Sales Tax	
Total Invoice Amount	7,533.99
Payment/Credit Applied	7,533.99
TOTAL	0:00

Check/Credit Memo No: BadDebt

From:
SHIPPING
EMEDIA GROUP
615 HORLEY ROAD
GREENVILLE, SC 29609

Ship Date: 20APR12
ActWgt: 0.4 LB
CAD: 842770/CAFE2511

(854) 232-4604

RECEIVED

(952) 404-5700

FedEx
Ground

APR 25 2012

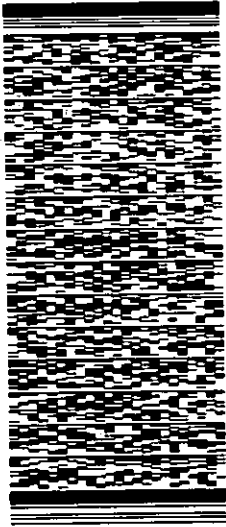
TO CLIFFS CLAIMS PROCESSING
BMC GROUP, INC

18675 LAKE DRIVE EAST

CHANHASSEN, MN 55317
BMC GROUP
(US)

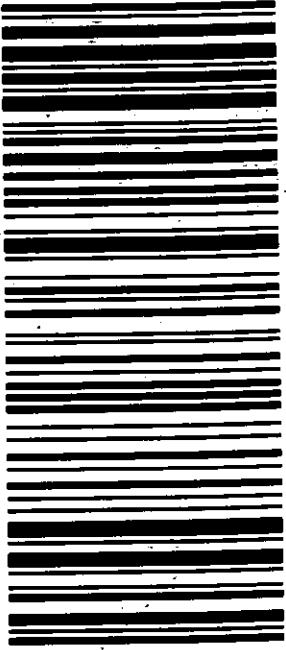


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of
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Part # 156148-434 RIT2 01/12 •



GND
Prepaid

(9612019) 4887208 30040884

ETP: 9612019488720830040884

353-4020

From: SHIPPING
EMEDIA GROUP
615 WORLEY ROAD
GREENVILLE, SC 29609
(864) 232-4804

Ship Date: 20APR12
AcWgt: 0.4 LB
CAD: 842770/CAFE2511

RECEIVED

(952) 404-5700

TO CLIFFS CLAIMS PROCESSING
BMC GROUP, INC

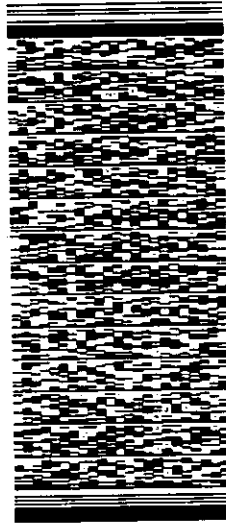
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Ground

APR 25 2012



18675 LAKE DRIVE EAST
CHANHASSEN, MN 55317
BMC GROUP (US)

Ref: JOEL



1 of 1

BMC GROUP, INC
18675 LAKE DR E
CHANHASSEN, MN
110 05.22 2308308
55317-9383-75
G

353-4020

ETP:1
9612019468720830040884



(9612019) 4687208 30040884

GND
Prepaid

Part # 156148-434 RIT2 01/12 •